



ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

Provider #: 151303

City: North Vernon

County: Jennings

Year: 2013

Person Completing the Report: Cindy Byford

Email Address: cbyford@stvincent.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☒ Acute License ☐ LTC Certification

Private Accreditation: ☒ JCAHO ☐ HFAP

CMS Specialized Hosp: ☒ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☒ Swing Bed

Number of Total Hospital Full Time Equivalents 107

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	17	445	1536	\$5,255,732
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	17	445	1536	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	309	HIV	0
Neoplasms	403	Endocrine	2662
Diseases of Blood	445	Mental Disorders	510
Nervous	1182	Circulatory	2245
Respiratory	1631	Digestive Diseases	1282
Genitourinary	2385	Pregnancy	257
Skin	794	Musculoskeletal	4846
Congenital	41	Perinatal	32
All Injuries	3752		
Other/Known	10577	Total Encounters	33353

Total ED Visits	ED Injury Visits	ED Injury Admissions
11214	3074	29

Comments

